

BEST AVAILABLE COPY

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/354633

## CLAIMS

## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

## AS FILED

AFTER  
1<sup>ST</sup> AMENDMENTAFTER  
2<sup>ND</sup> AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.	1	↓		
TOTAL DEP.	34	←	↓	↓
TOTAL CLAIMS	35	←	←	←